

Testimony on HB 92: An Act to Modernize Montana Public Health Statutes

Presented by Jane Smilie, MPH, Administrator, Public Health & Safety Division, Department of Public Health & Human Services, 444-4141, jsmilie@mt.gov

Chairman Stoker and members of the committee, my name is Jane Smilie and I am the administrator of the Public Health & Safety Division at DPHHS. I am going to describe:

- Why it is important to modernize our public health statutes
- Some of the key changes proposed in this bill, and
- How we arrived at these changes.

Montana's basic public health statutes have not been comprehensively reviewed and updated for at least 40 years. These statutes must support the public health system in addressing the health issues of this century, the 21st century.

Public health threats and practices have changed dramatically since the beginning of the 20th century. Life expectancy in the U.S. has increased by 30 years. Fully 25 of those years are attributable to public health interventions including sanitation, hygiene, and communicable disease control. The leading causes of death in Montana have changed from pneumonia, tuberculosis, diarrhea and enteritis in 1900 to heart disease, cancer and stroke by 2000.

At present the basic powers and authorities of Montana's public health agencies relate primarily to communicable disease control and sanitation. Today's public health system must continue to control communicable disease, including new ones like SARS and West Nile Virus, re-emerging ones like tuberculosis, and at the same time, we must prepare for the possibility of bioterrorism or a pandemic of influenza. But it must also address a wide variety of threats including chronic diseases, like diabetes,

cancer, heart disease and stroke, as well as injuries. The on-going epidemics of diabetes and heart disease, and the ever mounting toll of preventable injury deaths, will take more Montana lives prematurely each year than will communicable disease pandemics or bioterrorists during the coming century.

Montanans deserve a modern public health system that rises to all off these challenges. It is critically important that our statutes support the system in addressing these contemporary health issues with current public health practices. This bill is not an expansion of power, but reflects the realities of public health practice in our state and country, and it updates vague and antiquated language. We would not practice medicine or public health with outdated science, and we should not practice with antiquated legal authorities.

Section 1 provides **a purpose statement for the public health system and a list of key public health services.** The language proposed is the standard in the industry and was developed by the leading public health organizations. In addition, it includes a disclaimer indicating it not be construed to require an agency to provide all of these services or to implement unfunded programs. Rather, Section 1 is the foundation for what follows and provides an overall policy statement for the public health system in Montana.

The Act updates major powers of public health agencies. It calls for the Department, Local Boards of Health and Health Officers to address conditions of public health importance with contemporary public health practices. The definition of conditions of public health importance takes a forward-looking approach to addressing more than communicable disease and sanitation, and supports the inclusion of contemporary issues such as chronic diseases and injuries. Sections 4 and 5 call for these conditions to be addressed with modern public health practices, including disease surveillance,

epidemiological tracking, screening and testing programs, isolation and quarantine measures, treatment, collecting and maintaining health information and other techniques.

Section 2 describes **agreements that can be made between and among federal, state, local and tribal public health agencies**, in order to efficiently and effectively deliver public health services. The bill recognizes the autonomy of local governments, while encouraging close working relationships between and among the state and local agencies. Sections 4 and 5 encourage the Department and Local Boards of Health to engage in formal agreements with the tribes, tribal organizations and Indian Health Service to provide public health services. This approach is essential to having an effective public health system in which local capacities and resources vary greatly from one jurisdiction to another. While these types of agreements and established relationships are important in addressing day-to-day public health activities, they will be critical during a large-scale event or emergency.

Several years of work and a large amount of input from stakeholders and the public went into creating this bill. The Department worked with a committee of medical, legal, public health, environmental health and emergency response personnel, as well as policymakers and others. We consulted with experts in public health law from Georgetown and Johns Hopkins Universities. We used model legislation created by the national public health organizations as a guide to assess our statutes.

We discussed the proposed legislation with the following groups:

- MACO at district and statewide meetings
- Interim legislative committees
- Montana Public Health Association
- Montana Environmental Health Association
- Montana Board of Nursing
- Montana County Attorneys

- Montana Board of Medical Examiners at a meeting that included Montana Nurses Association, Montana Medical Association and Montana Hospital Association
- Montana Disaster and Emergency Services
- Association of Montana Public Health Officials

We held public meetings to discuss this legislation in **Miles City, Glasgow, Billings, Bozeman, Kalispell, Helena, Butte, Great Falls and Missoula**. The following groups passed formal resolutions in support of this legislation: Montana Association of County Officials; Montana Public Health Association; Montana Board of Nursing; Montana Board of Medical Examiners.

- Again, this bill will support the public health system in addressing current health issues using current public health practices.
- It will clarify vague and antiquated language.
- It is not an expansion of power, but would match our statutes with what is actually happening in public health in our state and across the country.
- It presents no unfunded mandate and there would be no fiscal impact with passage of the bill.

Thank you for this opportunity to describe how this bill is important to protecting the public's health. I am happy to answer questions.